You must use blac Grandparent(s) Name(s		out this form.	_	
Mailing Address:			 _	
· · · · · · · · · · · · · · · · · · ·		phone:	<u> </u>	
NOTE: If for any reason you physical address, you must court and the other party ca	still provide a m	nailing address so that the		
IN		RIOR COURT FOR		ASKA
	(City or Town where the (Court is located	
Plaintiff,				
VS.)		
Defendant.			Case No	
MOTION & AF	FIDAVIT TO) <u>JOIN</u> FOR PURPO	SE OF GRANDPA	RENT VISITATION
I / we, ☐ Grandmoth join this case so I / v	ner we can file a	☐ Gran	ndfather with the following c	, request to hildren:
Child(ren)'s name	Date of birth	Relationship to you	Mother's name	Father's name
Joining the case is t	he only way		order the parents to	provide visitation with
		ot think that the pare in):		

You must use black ink to fill out this form.	
☐ I / we request a hearing on this motion.	
☐ I / we have attached a proposed order on this motion for the Judge to sign.	
☐ I / we have attached a Motion & Affidavit for Grandparent's Visitation and a proposed	order.
Crandmathar's Signature (In blue ink if passible)	
Grandmother's Signature (In blue ink if possible)	Alacka
Subscribed and sworn to or affirmed before me at on	, Alaska
Date	
Notary Public or other person authorized to administer oaths. My commission expires on	
, · · · · · · · · · · · · · · · · · · ·	
Grandfather's Signature (In blue ink if possible)	
Subscribed and sworn to or affirmed before me at	_, Alaska
on Name of City, Town or Village Date	
Notary Public or other person authorized to administer oaths.	-
My commission expires on	-
I certify that on, I □ mailed □ hand delivered a copy of the <i>Motion & Affidavit to Join</i> to:	
□ Opposing Party □ Opposing Lawyer	
□ Attorney General – Child Support Division □ CI	
Your signature:	